STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Frederick Md.

STATE OF MARYLAND

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11		FOR STATE REGISTRAR		MINER'S CERTIFICATE OF	0 11 /	0908
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN A	AONTH DAY YEAR 26. HOUR
	{TYP	JASPER	ITOAD	BRUNNER	OF ESTI-	8 9 1980 11:00
	3 SEX	fale White	5. DATE OF BIRTH MONTH DA YEAR Feb. 6, 1907	(IN YEARS IF UNDER 1 YR. IF UNDER 24 BBRIHDAY) MONTHS DAYS HOURS A	HRS. 26. DATE MIN. PRONOUNCED DEAD	0 NTH DAY YEAR 2d HOUR 8 9 1980 AA
	7a, BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	- Th. 7 . 1 1	COUNTY OF DEATH
		ry or town of DEATH Tefferson	11. NAME OF HOSPITAL, NURSING I (IF NOT IN SUCH FACILITY, GIVE STREET ADE GAPLAND Rd. &	HOME, OR OTHER INSTITUTION	TO USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	11101
1		L RESIDENCE (IF IN NURSING HOM	NE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	DMISSION) WN 13d INSIDE CITY LIMITS? 1		
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)	I	RANKLIN	MIDDLE BRUNN	15. MOTHER'S MAIDEN FIRST AMANDA	MIDDLE	BRUNNER
	16a. V (Y	VAS DECEASED EVER IN U.S. (IF YES, G	N/E W/AD OR DATES)	CURITY NO. 17. INFORMANT	ADDRESS Brunner Jeffer	rson. Md.
	-	Conditions, Mr any, wh gave rise to immedia couse (a) stating the <u>und</u> lying cause lost. PART 2 DTHER SIGNIFICANT CONDITION	ote (b)		1 (a).	
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- 2		22a I certify that I took ch	arge of the remains described above, held atural causes. Accident	Suicide Homicide	Undetermined manner,	
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STATE OF MARYLAND

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Boonsboro, Md. 21713

John H. Bast, Jr.

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &



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STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 1. DECEASED NAME 2a DATE OF DEATH DAY 2b HOUR (TYPE OR PRINT) Kathryn Soper 1980 Crone 3. SEX 4. RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) female AUNTH white 22 1907 7a. BIRTHPLACE STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED comaryland Frederick USA WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR Homewood Retirement Center TYPE OF WORK TOR MOST OF WORKING LIFE SCHOOL Frederick Teache: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. SLATEryland 13. 2000 100 Road 13 Shtgomery 13 Hickerson 13d INSIDE CITY LIMITS? YES A NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME William Mary Oscar Soper Summerville Duvall 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Dickerson, Maryla (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR OATES) 36 36 Wm. F. Soper, 22014 Dickerson Rd. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT pope 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse io, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20h IF YES, WERE FINDINGS USED 200 AUTOPSY p INCERTIFYING CAUSES OF DEATH? per NO NO [buriol-transit p 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hern MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY norked or (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a. I certify that (I) (this hospital) attended the deceased from, SO, that (1) (we) lost and that in (my) (our) apinion death occurred on the date and hour and from the causes stated sow the deceased alive on_ above, (1) (we) (did) (did not) view the body after death. 22r. DATE SIGNED 22h: SIGNATURE DEGREE * ATTENDING MEDICAL be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT The ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) the the arle 0 23d. LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 8/26/80 Beallsville, Maryland Burial Monocacy Cemetery BP. 24 FUNERAL DIRECTOR YSON 250. DATE RECD, BY RETURNAT 256. REGISTRADE SIGNAL Funeral Home, Inc. heeler DHMH - 16 50M 1/76

Rockville, Maryland 20

Rockville

(VR.A 15 (4))

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DATE ODDI.ED .TEL

106 East Church St., Frederick, Md. 21701

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

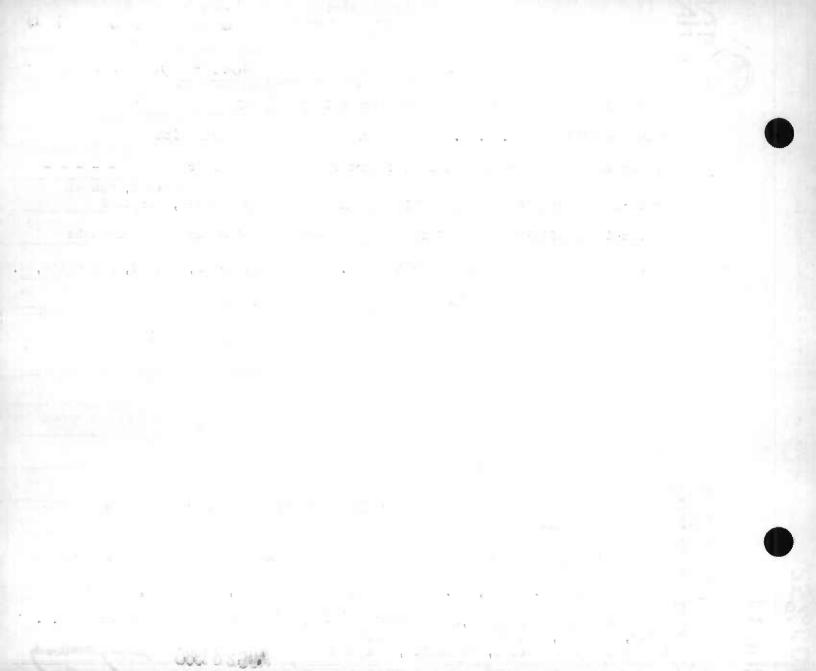
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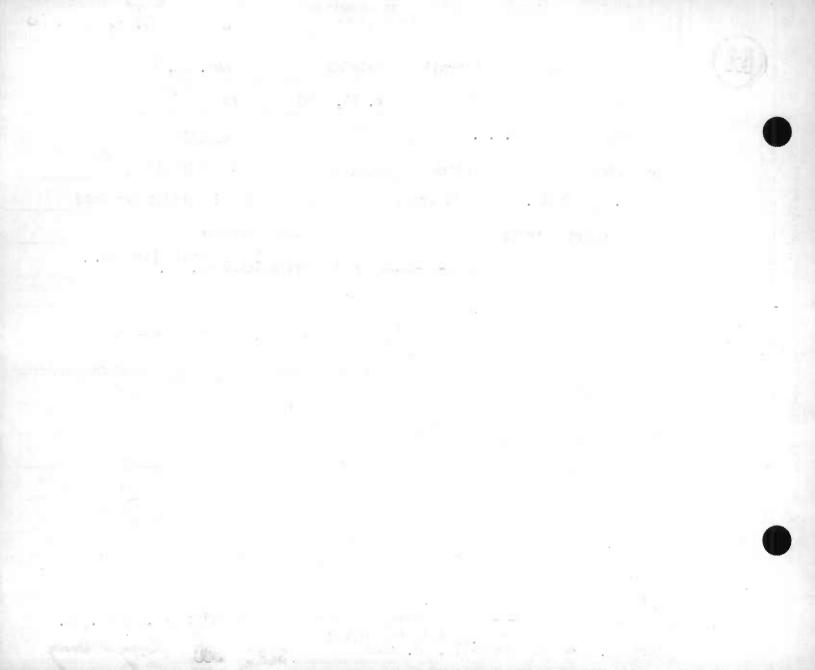
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# % ?? & F!		CEASED NAME E OR PRINT)	TYRON	E . N	MIDDLE		DIS	SNEY			Re. DATE OF DEATH	KNOWN ESTI-	MO	B 30		26 HOU
S NECESSARY, PLE- FUNERAL DIRECTOR. 5 FOR YOUR FILES. O. WITHIN 72 HOURS W PRESTON STREET,	3. SE)	ale	negro	5. DATE OF BIRTH	1955	6. AGE (IN YEAR LAST BIRTHDA	MONTHS		IF UNDER HOURS		RONOUN DEAD	NCED	10M	B 30	AY YEAR	2 HOU
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4	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH		3. NO.	209) 5
:		CEASED NAME OR PRINTI	FIRST IABLE	,	REBBCCA		ik B	AUGUS		DAY YEAR	2b. HOUR
20	3. SE			RACE	KEDEGO!	I DATE O		AGE LINYEARS LA		IF UNDER I YEAR	IF UNDER 24 HRS
edor softe	J. JL.	Female		White		MONTH		85	YRS.	MONTHS DAYS	HOURS MIN
nerol dir.	C	RTHPLACE (STATE OR FOR DUNTRY) rth Carolii	1		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	Ema	TY <u>OR</u> COUNT	Y OF DEATH	MI
by the funeral filed within 72 h		TY OR TOWN OF DEAT			HOSPITAL, NURSING HEACHITY, GIVE STREET OF RETIFE		center institution	12s USUAL OCCU TOPE OF WORK FOR M HOME MAK	PATION OST OF WORKING L	IFE) 12b. KIND C	OF BUSINESS OR
thin 24 hoursely filled in the should be fi		TATE IT TYLAND	GHOME OR OTH 36 COUNTY Freder		GIVE RESIDENCE BEFOR		134 INSIDE CITY LIMITS	? IJ. STREET ADDR	ESSRoute Lie. Mai	1, Box	42
and 2	_	THER'S NAME FIRST Samuel	Will	DLE	Clar		Mittie		DLE	Burroug	ghs
Poges		VAS DECEASED EVER IN ES, NO OR UNKNOWN]	U.S. ARME		2.13 50 8		17 INFORMANT Mrs. Mazie	Waravdeka	Route	1,Ijams	sville,M
the co		18 CAUSE OF DEATH PART I. DEATH WA	(Enter only of S CAUSED B MMEDIATE (BY:	line for (a), (b), on	Con	estive hear	T Failure		APPROX BETWEEN	ONSET AND DEATH
death contending over cortion, or roumotic		Conditions, if ony,		DUE TO, O	RAS A CONSEQUI	STEN	stie				
that the red by the please removial, cremo, or other tr		cause (a), stating underlying cause	the last	(c)	R AS A CONSEQU						
equires the signed of Then pleater to burial injury, or an	N Q	PART 2 OTHER SIGNI	FICANT COI	nditions <u>co</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR	CONDITION GI	VEN IN PART 1	0 '
low s be e price	CERTIFICATION	198 DATE OF OPERATE	ON	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY?	IN CERT	S, WERE FINDI IFYING CAUSES ES []	NGS USED S OF DEATH? NO [
physical infection of Hysical		218. ACCIDENT WAS UNDE OR CONTRIBUTING CA LIFEITHER, NOTIFY MEDICAL	USE OF DEATH	21b. TIME O HOUR A	M. MONTH D.	AY YEAR	21c HOW INJURY OCC	CURRED JENTER NATURE O	INJURY IN ITEM 18.	PART I OR PART 2)	
G Pr	MEDICAL	21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK		216 PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	City	OR TOWN	COUNTY	STATE
		22a I certify that (I) (I saw the deceased abave (A) (we) (di	alive on	18 AU	CUST 19	Elm	nd that in (my) (and apin	ion death accurred on			that (1) (we) lost couses stated
AL CATENOTOR AND A CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY. If them 21 is		226 SIGNATURE	n. 1.	5 31	A /	4.0	DEGREE ATTENDING PHYSICIAN		STAFF	22c. DATE	SIGNED AUG 88
HOSPIII bined by FUNER buld be th the St		224 PHYSICIAN'S NA		Smith	Jr.	-34	22. ADDRESS Toll House			Marvl	and
D € D € \$ \$	'	URIAL, CREMATION, R SPECIFY Burial	EMOVAL	agust.	30, 1980	Churci	ther barys	23d LOCATION CITY OR TOWN	on Fra	ank lin	N.C.
DHMH-16 20M (VRA 15, 4) 7/78		mirthograde.		eeney	& Basfor		ral Home 250.		RAR 25b. REGIS	TRAR'S SIGNAT	TURE ProGuedy



STATE OF MARYLAND



	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND STMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 2	091
	I. DECEASED NAME FIR	IST MIDDLE	LAST	26 DATE OF DEATH MONTH D	AY YEAR 26. HOUR
	ORA	EDNA	FINNEY	August 12,	1980 P.
	3 SEX	4 RACE	5. DATE OF BIRTH		F UNDER I YEAR F UNDER 24 HR
(2)	Female	Caucasian	April 3, 1892	88 yrs.	
2	7R BIRTHPLACE (STATE OR FOREIG COUNTRY) Missouri	75 CITIZEN OF WHAT COUNTRY U.S.A.	Y? MARRIED NEVER MARRIED WIDOWED DIVORCED	Frederick Co	
90	Braddock Hgt	11. NAME OF HOSPITAL, NURS	sing home or other institution let address) ursing Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Dressmaker	125. KIND OF BUSINESS OF INDUSTRY Clothing
35	13a STATE 13b	ome on other institution, give residence ber COUNTY 13c. CITY OR TO Pederick Bradd.	WN 13d. INSIDE CITY LIMITS?	134 STREET ADDRESS BOX 315	
100	14 FATHER'S NAME RUSSELL	MAUPIN	15 MOTHER'S MAIDEN NO FIRST METTNDA	CORDELIA	HOLT
00	180 WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF Y	CC CAMELLIA OR OLDER	curity no 17 informant -3924 Mrs. Maria	n Corey Braddo	CK Hgts., N
shows any injury, or other	PART 2 OTHER SIGNIFIC	URINARY TRACT 1	O DEATH BUT NOT RELATED TO THE TERM NOCITION - CENTER THORPESTION WAS PERFORMED	200 AUTOPSY? 200 IF YES INCERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
Tea 3	OR CONTRIBUTIONS CAUSE	OF DEATH HOUR A.M. MONTH	DAY YEAR	YES NO YES	NO N
marked or	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
em 21 is r	saw the deceased a	hospital) attended the deceased from live an 19 6 12 19 did not view the body after death		death accurred on the date and hour	ond from the causes stated
INT: If It	22h. SIGNATURE	7. Mecho JR		MEDICAL STAFF DIRECTOR PHYSICIAN	aug 13,190
MPORTANT		n F. Meadors Jr	1220001201	, Md. 21701	•
	230. BURIAL, CREMATION, REM BULLIAL		Boeuff Cemetery	Gerald Frank	117.0
25M 1/79	Gladhill Co	. Middletown, M	d. 21769	AUG TY 8 1980 The REGIST	RAR'S SIGNATURE

to denote the contract of the SUPPLY HOUSEN HOUSE STORES There is the second of the sec POST OF THE PROPERTY OF THE STATE OF THE STA Some I marked to the way the Congressed English to the state of the sta AUGTRIBUS ---- UNGTRIBUS

106 East Church Street, Frederick, Maryland

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🧸

DAY YEAR

9 BALTIMORE CITY OR COUNTY OF DEATH

126. KIND OF BUSINESS OR

INDUSTRY -- -----

Frederick Avenue

Wastler

Maryland venue.Frederick,

APPROXIMATE INTERVAL

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES T

COUNTY STATE

22c DATE SIGNE

Md.

Frederick AUG 1 8 1980

DHMH - 16 60M 1/75 (VRA 15 (4))

Mista laure 10, 1908 Production Principles of the Santa Solidaria Santa San damental services and the services til Brins A selvin'T, Fox, T Frederick "vonte, Erddorick, Setti, rapetty, a forty to har ordered that the compact of transfer the life. 1 September & French Street Carlotte August Street Carlotte Bullet & 1988

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	1 -	FOR STATE REGISTRAR			DEPARTI		FICATE OF DEATH	REG. N	2	0 9	1 3
4	1 DEC	CEASED NAME AT	RNOLD	1.7	ARREN	CAD	Himmon	20. DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
		OR PRINT!	1014	7	W.		RETT	20. DATE OF DEATH	8-17	-50	1255AM
	3. SEX			1 RACE	7	5. DATE		6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
		(ALE	WHIT		Jun		55	YRS.	ONTHS OAYS	HOURS MIN
1		RTHPLACE (STATE OR FO		L CITIZEN OF	WHAT COUNTRY?	8	D IN NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	FDEATH	
5		st Virgini		USA		WIDOWI	ED DIVORCED	Frederic			MD.
C	90.	TY OR TOWN OF DEA	TH I	11. NAME OF	HOSPITAL, NURSIN CH FACILITY, GIVE STREET Petersv:	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	F WORKING LIFE	INDUSTRY	F BUSINESS OR
	ALISITA	AL RESIDENCE (IF NURS	INC HOUSE OR				Road	Chief of	securi	ty N.	Assa
E	13a S	aryland	136 COUN	erick	13c CITY OR TOW Knoxvil	/N	13d. INSIDE CITY LIMITS?	3638-A Pe	tanevi	lla Do	2424758
	14 FA	THER'S NAME					15. MOTHER'S MAIDEN NAM	NE	CCL BVI.	TTG WO	Paue 1700
)C		Clyde	Rol	bert	Garret	tt, S	r. Gladys	V.	Mille	er	ī
		VAS DECEASED EVER			166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR	538-A 1	Patana	ville Re
1		(ES, TERKHOWH)	W.W.	WAR OR DATES	220 18 2	2568	Betty Jane G	arrett K	noxvil	le. Md	
		18 CAUSE OF DEAT	H (Enter only	V DOS COUSS DS	r line for (a) (b) an	die					MATE INTERVAL ONSET AND DEATH
		PART I. DEATH W	AS CAUSED	BY.	Carca		O Escal				MES
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		1309		DUE TO, C	R AS A CONSEQUE	ENCE OF	0			32 A	
		Conditions, if any, gove rise to imn		(b)_						-	
		couse (a), statin	g the	DUE TO, O	R AS A CONSEQUE	ENCE OF					
		underlying cause	lost	(c)_							
	NOI	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 10	21
	ATIC	190 DATE OF OPERAT	ION	I 19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES.	WERE FINDIN	NGS USED
4	CERTIFICAT								IN CERTIFYI	ING CAUSES	OF DEATH?
1	R	21a ACCIDENT WAS UND	ERIVING C	21b. TIME C	OF INTIUDY		Tal. How by the tips	YES NO	YES		NO 🗆
7		OR CONTRIBUTING			M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	I I OR PART 2)	
	CAI	(IF EITHER, NOTIFY MEDICA			.M.	19					
	MEDICAL	21d. INJURY OCCURR		21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	EARL ETC.)	211 LOCATION	CITY OR TO	WN	COUNTY	STATE
	2	WHILE NOT WE AT WOL	RK	(ALTIOME, 3)	REET, FACTORT, OFFICE, F	ARM, ETC.)		0/	,		SIAIL
		220.1 certify that (1)	(this hospita	ol) ottended th	ne deceased from_	12	77 1977	10 3 / 7	. 19	12	that (1) (we) lost
		sow the decease		611 000		2.0	nd that in (my) (our) opinion d	eoth occurred on the	ote and hour	0	
		22b. SIGNATURE	(d) (did not)	view the body	ofter death.		DEGREE			22c. DATE	
		22. SIGNATURE	1/2	44	a fra	/		MEDICAL STA	FF	0/	100
		1	2/1	7-61	Carles.	ron		MEDICAL STA	CIAN	13/1	17/80
		22d PHYSICIAN'S NA	ME (TYPE OR	PRINT)			22e ADDRESS				
				/			S. SELINE				
	23o. B	URIAL, CREMATION,	REMOVAL	23b. DATE	230.1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	(5	Burial		Aug. 2	0. 1980	Toe	fannan Dafa	CITY OR TOWN		OUNTY	STATE
		INERAL DIRECTOR					ferson Reform	REC'D. BY REGISTRAR		AR'S SIGNATI	ryland
		Marie		TOO Pe	eterswill	Le Ko	20		- AV		2A.
	00	hn T. Wil	llams	runer	al Home	brun	swick, Maryla	DOCU UZOU	-	Manage	personal .

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DHMH - 16 50M 7/77 (VR A 15 (4))

1 -	FOR STATE			DEPARTN	LENT OF H		YLAND ID MENTAL HYC F DEATH	GIENE 8	0	2	0 9	2	0
	REGISTRAR CEASED NAME OR PRINT)	FIRST John		J •		LAST	T DEATH	20. DATE OF D	REG. NO	0. MONTH 24	DAY YEAR	2b. Ho	OUR BUR M
SE N	X		4 RACE WHITE		5. DATE O	d DA	1923 YEAR	6. AGE (IN YEAR	RS LAST BIRT	HDAY)	MONTHS DAY		DER 24 HRS
	RTHPLACE (STATE OF	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	_	ER MARRIED	9. BALTIMORI FREDI		R COUNT	Y OF DEATH		MD.
	REDERICK	DEATH	FREDERI	OSPITAL, NURSIN			NSTITUTION	120. USUAL OF	OR MOST O	ON F WORKING LI	126. KIND INDUSTR GIANT		INESS OR
30 5	AL RESIDENCE (IFN STATE LARYLAND	136 EOU	ROTHER INSTITUTION NTY ROLL	GIVE RESIDENCE BEFORE 134. CITY OR TOWN MT. AIRY	V	13d. INSID YES X	E CITY LIMITS?	139 STREET AT	YTHE	EDALE	DRIVE		, T. S. S.
FA	WINFIE	LD	MODIE	GARRITY		15 MOTH	ER'S MAIDEN NA	M.	MIDDLE	ENRI	GHT	AST	
1	VAS DECEASED EV	ER IN U.S. AI	RMED FORCES?	129 16 2		17 INFOR	V. Garri	ity Sam	ADDRE	#13	(Wife	·)	
Z	Conditions, if of gove rise to couse (o), ste underlying co	immediate ofing the use lost.	(b) DUE TO, O	R AS A CONSEQUE	NCE OF	1551	OM 4	MINAL DISEASE	OR CONI	DITION GIV	VEN IN PART	1(a)	
CERTIFICATIO	190 DATE OF OPE	RATION	19b. COND	TION FOR WHICH	OPERATIO	N EN	ATA Z	20a AUTOP	5/2 SY?	IN CERTI	S, WERE FIND FYING CAUSE ES	INGS US ES OF DE NO	EATH?
MEDICAL CEN		CAUSE OF DE	P. 21e. PLACE	m. month da m.	19	21f. LOCA			RE OF INJUR		PART 1 OR PART 2)		STATE
	22a. certify that	(1) (this hosp	V1/3	19_		nd that in (I	my) (our) opinion ATTENDING PHYSICIAN	- MEDICAL	STAF	F			
	22d, PHYSICIAN'S	NAME (TYPE	OR PRINT)	2701	11	22e ADD		Ana	[-i	rala	vich	- U	IA

236. BURIAL CREMATION, REMOVAL 23b DATE 8/27/80 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATORY BURIAL CREMATION, REMOVAL 23b DATE 8/27/80 Ft. Lincoln Cemetery Brentwood P.G. Md

Frunty 28c Qasch's Sons Funeral Home, P.A.

Hyattsville, Maryland 25c. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE PARENTY AND PROMOTOR AND

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/	1	STATE REGISTRAR			DEPA		ICATE OF DE		REG. NO	2.	, 7	2 1
1 75	DE	CEASED NAME	FIRST	wi	liam		AST NO. 11	ah	2a DATE OF DEATH	NONTH DAY	YEAR 80	26 HOUR 8:22AM
Total de la company de la comp	1 54	5)		RACE	,	5 DATE O		YEAR 3	6 AGE (IN YEARS LAST BIRT	,	UNDER I YEAR	H UNDER 24 HRS HOURS MIN
MA		IRTHPLACE (STATE OR FO	REIGN	TO CITIZEN OF	WHAT COUNTS	RY? 8 MARRIE WIDOWE	NEVER MA	ARRIED	9 BALTIMORE CITY OF Frederi	R COUNTY O	FDEATH	MD
14		PEDERICA	тн		HOSPITAL, NUR	SING HOME	OR OTHER INSTIT		USUAL OCCUPATION OF THE COLUMN TO THE COLUMN	V:01 rife)	126 KIND C INDUSTRY mil	OF BUSINESS OR
1 11 130	130	AL RESIDENCE (IF NURSI	NG HOME OR O	OTHER INSTITUTION		boro W	136 INSIDE CITY	Y LIMITS?	13e STREET ADDRESS	ORMINA	4 Ro	p ol
nd within	14. F	THER'S NAME FIRST Jesse		liam	Harb	augh	15 MOTHER'S A	RST	MIDDLE		Ripp	peon
n and con Paget 1		WAS DECEASED EVER I	N U.S. ARA	MED FORCES? WAR OR DATES)	166 SOCIAL SI 217. 28	ECURITY NO.	17 INFORMAN	Т	11321°°C augh Wo	odsbo	mine	Rd.
oth certificate ending physicic e corban poperion, ar removal matic event, the		2506	AS CAUSED IMMEDIATI	BY: E CAUSE (a)	37. 1	non va	ry t	into	439			ONSET AND DEATH
res that the de ined by the att n pleose remov vurial, cremotra y, or ather trau		Conditions, if ony, gave rise to imm couse (o), stoting underlying cause PART 2 OTHER SIGN	ediate g the last	(c)	OR AS A CONSE		NOT RELATED T	O THE TERMI	nal disease or con	DITION GIVEN	IN PART 1	lai
the tow required. I have been significant therefore to be soon in the second to be sec	CERTIFICATION	190 DATE OF OPERAT	1980	GA	ANGROP		N WAS PERFORM		200 AUTOPSY? YES NO	YES	NG CAUSES	NGS USED S OF DEATH?
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offending of the this of the bull the b	MEDICAL	WHILE NOT WH	ILE 🗆		OF INJURY TREET, FACTORY, OFF	ICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TO	VN	COUNTY	STATE
A ATENDII hospitol or RECTOR. A red for use pp. of Heal		22a.1 certify that (I) saw the decease abave, (I) (we) (d	(this hospited alive and lid) (did not	ol) attended t	he deceased fro 1'y after death.	9.00 (, 0		aur) apinian d	death occurred on the de	ote and hour o	and from the	
the the Office of the Office of the Office of the Office of Tr. If It It.		22b. SIGNATURE	in!	Arch	losso	, ,	(U/) PH	TENDING TYSICIAN	MEDICAL STA		HUG	18,1980
TO FUNERAL should be det with the State		1226 PHYSICIAN'S NA	in S	3 /5	ichles	28	120 ADDRESS	thom,		son	DRIV	e
BP		BURIAL, CREMATION, (SPECIFY)	REMOVAL	23b. DATE 8/21	/80	Rocky	Hill C	emete	near woodst	orosE	redel	rick Md
DHMH - 16 60M 1/75	24.1	UNERAL DIRECTOR	1 6	1 16	ADDRESS	lu	mi	250. DATE	2.0 1980 AR	13b.	Jan Jan	7

STATE OF MARYLAND

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/1	FOR STATE REGISTRAR					MENTAL HYGIE	AGL U	G. NO. (9 2	2
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20 D.S	MALE	1 RACE CAUC	8 16 5		Y) MONTHS DAYS	R. IF UNDER 24 HRS	PRONOUNCED DEAD	MONTH 8	23 80	2d HOUF
Æ₽₽₩ M	BIRTHPLACE FOREIGN COUNTRY aryland	0	U. S. A.		WIDOWED	DIVORCED		lerick		MD
ESO 7 T	ily Pon	s, Md.	IF NOT IN SUCH FACILITY, O	GIVE STREET ADDRESS)		FO	SUAL OCCUPATION R MOST OF WORKING LIFE LIGINOET		Solar E	RY
DIVISION OF VITAL RECORDS,	STATE Pa.	e (if in n COUNT Frank	cother institution, give resid Y Clin Bl	CITY OR TOWN	Summits [E CITY LIMITS? 13e. ST	P.O.Box 3	86		
28	FATHER'S NAME Paul	David Hig	MIDDLE	LAST		Lottie	MIDDLE		Beck	
3 160	Yes	ED EVER IN U.S. ARM NOWN) (IF YES, GIVE V	VAR OR DATES)	3-58-410	The second second	Brenda	ADD W. Higgs	Box 36	Ridge S P.a.1	7214
NOINCE OF THE PARTY OF THE PART	gave cause (lying co	ions, if any, which rise to immediate o) stating the <u>under-</u> ause last. SIGNIFICANT CONDITIONS C	OUE TO, OR AS A (b) DUE TO, OR AS A (c) ONTRIBUTING TO DEATH BUT NOT	CONSEQUENCE C)F	TION GIVEN IN PART 1 (a).				
NOTA STATES	19a. DATE C	OF OPERATION	196. CONDITION F	OR WHICH OPER	ATION WAS PERFO	ORMED?		W.,	2D. AUTOPSY	
3	210, EXTERN UNDERLYIN CONTRIBU	NAL CAUSE WAS NG OR TING CAUSE OF D	EATH P.M.	NTH DAY YEAR	Fell	SO Feet		EM 18 PART 1 OR F		
IASDICAL	21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJ STREET, FACTORY, FA		211. LOCATION STREET		CITY OR TOWN	c	OUNTY	STATE
9		Reference Nature	af the remains described al causes , Accid		TITLE	(SPECIFY) eputy ME	Inquiry , etermined manner	and in my o	8/z	3/80
BALTIMORE, MARYLAND, 21:	EXAMINER'	ODO TODE			M. DADDRESS	Fred			701	
	Burial, CREM (SPECIFY) Buria		ugust 26, 1	980 Spri		emetery S	OCATION IY OR TOWN V KES VILLE SY REGISTRAR (25)		oll. Md.	TATE
5))		Funeral Ho	ome. 136 E.	Balto S	Md. 2178	HUI	26 0 1300			

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NAME Olin L. Molesworth, P.A., Damascus, Md.

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 60M 1/75

(VRA 15 (4))

- STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH MONTH 1. DECEASED NAME YO BALTIMORE CITY OR COUNTY OF DEATH Frederick Co., 126 KIND OF BUSINESS OR Route 9, Box 29 Day A803 East Elizabeth, Doris Matthews Rust, Fort Colling Colorado. NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (a) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED M DIE. Burial Aug. 4, 1980 Pine Grove Mt. Airy, Carroll. Md. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRA Ofin L. Molesworth, P.A., Damascus, Md. AUG 6 IARR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 32

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. St. Alforde			il enil			TRETTIN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN TYPE OR PRINTI ESTI-Allen 8 30 80 James Laque, Jr. DEATH MATED X 3 SEX 4. RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS PRONOUNCED male white 1-7-55 DEAD Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! Frederick County U.S.A. Maryland WIDOWED [DIVORCED USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Prederick City Reservoir Frederick Carpenter- Remodeling BE USUAL RESIDENCE (IF IN NURSIFIED NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ULCOUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN Baltimore S. Collins Ave. Md. YES X 133 NO 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Hildmae E. James Sr. Couch Lague IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS. [YES, NO. OR UNKNOWN] (IF YES GIVE WAR OR DATES) NO 220 60 9679 Mrs. Rosemarie Lague same as DIVISI 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRIOR, TO BURIAL, YES X 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) UNDERLYING OR 0 Subject drowned. CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)

water WHILE AT WORK AT WORK Fred. City Reservoir. Frederick Md. FUNERAL DIRECTOR: P TER DEATH, WITH THE SI LTIMORE, MARYLAND, 21, 22a. I certify that I taak charge of the remains described above, held on Inquiry Undetermined monner Notural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER 9-2-80 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. TYPE OR PRINT) 23d. LOCATION 730, BURIAL, CREMATION, REMOVAL 236. DATE Burial Cedar Hill Cemetery Brooklyn Md. A.A. Balto 21225 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) George J. Gonce 4001 Ritchie Hgwy. 15M 7/76

STATE OF MARYLAND

Harrison Control State As 14 Acres 4 . If Can be the Magin Brothall

Leeney,

106 East Church St., Frederick, Md. 21701

Baskard Funeral Home

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Zb. HOUR

HOURS

Bowie

IF UNDER 24 HRS

STATE

DHMH-16 20M

(VRA 15, 4) 7/78

FOR

- STATE



(VRA 15, 4) 1/79

STATE OF MARYLAND

The state of the s drederick County, MARIETAN CAROL DE COLO meach as some properties. - the contract of th in. Tex W. T. the M. W. 1980 1. Full Joseph B. J. Franketter, Ma. minn second to the second of t

615 Byss Main St.

Thurmont, Md. 21788

FOR

- STATE

REGISTRAR

Dailey Funeral Home

DHMH - 16 60M 1/75

(VRA15(4))

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🧣

REG. NO

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	X	1-	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		2 0	929
ege 3			CEASED NAME FIRST Hele	n Louise	Lyles	2a. DATE OF DEATH	8 30	80 12:49 M
rector, po		3. SE	e mal-	1. RACE	9 une 9 19	6. AGE (IN YEARS LAST 0476	YRS.	
rer deoth. Po re funerol dii within 72 hou	Source.		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTE	MARRIED WEVER MARRI	ED O Fred	OR COUNTY OF D	MD
- + T	Doublined The Partition	F	Trederick	TENOT IN SUCH FACILITY, GIVE STI	K Memorian	TYPE OF WORK FOR MOS		b. KIND OF BUSINESS OR IDUSTRY
LAND 213 in 24 hou ly filled in should be	Ser must be	13a. S	md fr	PROTHER INSTITUTION GIVE RESIDENCE BE INTY 13 CITY OR TO	OWN 13d. INSIDE CITY LIV	D R-2-	s frader	sek md
ted with completels	O Comine		Charles	MIDDLE LAST	15. MOTHER'S MAIL REST	MIDDLE	F. DRESS	Shar
ALLIMOKE te be execution and o	ne medicol		NO	INE WAR OR DATES) 2/6-2 Inly one cause per line for (a), (b),	30-3463 STOTA	ing LyLes	Rt2 +	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 2120, DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 2120, ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours of the rhis certificate has been signed by the attending physician and completely filled in by as the burial-transit permits. Then please remove corbanapopers. Pages I and 2 should be file	buriol, cremation, ar removol. ry, or other troumatic event, the		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	meters	HE TERMINAL DISEASE OR CO	SA9	3 mo
IN RECORDS The low required to the low required to the low required to the low requirements of the low requirements of the low recent to	shows any inju	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY?	IN CERTIFYING	RE FINDINGS USED CAUSES OF DEATH?
PHYSICIAN: T ending physici this certificate	or Item 18	MEDICAL CER	ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	OCCURRED (ENTER NATURE OF IN		ORPART 2) OUNTY STATE
by the hospitol or ERAL DIRECTOR: A	ith the State Dept. of Health and	×	sow the deceased olive o	oitol) ottended the deceosed from 1990 of the body ofter death.	DEGREE MD ATTEN PHYSI 22e. ADDRESS	opinion death occurred on the	dote and hour and	221. DATE SIGNED
BP	2/80	L	BURIAL, CREMATION, REMOVA	236. DATE Sept 3. 1980	30. NAME OF CEMETERY OR CREM FAITVIEW	25a. DATE REC'D. BY REGISTR	AR 256 REGISTRAR'S	red ma
TO HOSPITAL O	with the Stor	L	BURIAL, CREMATION, REMOVA	y Rasosc	ATTEN PHYSI 220. ADDRESS 4 CL 31. NAME OF CEMETERY OR CREM	ATORY 23d. LOCATION CITY OR TOWN	SICIAN COU	8/30) INTY

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	FOR		D		ATE OF MARYLA F HEALTH AND M		ENEX ()	21	n 9 3	0
1-	STATE REGISTRAR		MED	ICAL EXAMI	NER'S CERTIF	ICATE OF D	EATH R	EG. NO.	0,0	4
	PECEASED NAM	Malter		Ray	Martin		20 DATE KNOW OF EST DEATH MAT	1. 1	26 19 SO	26. HOUR
3. SE	EX	4. RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF UNDER 1 YR.			MONTH	DAY YEAR	2d. HOU
M	Male	White		919 60	YRS. MONTHS DAYS	HOURS MIN.	PRONOUNCED DEAD	8	26 19 80	10 A
	BIRTHPLACE (S		76. CITIZEN OF WH	AT COUNTRY?	8. MARRIEDX N	IEVER MARRIED	9. BALTIMORE	CITY OR COUN	NTY OF DEATH	
	Marylar	nd	U.S.A.		WIDOWED	DIVORCED [ck County	MI
10. C	CITY OR TOWN	OF DEATH		PITAL, NURSING HOR	ME, OR OTHER INSTIT		USUAL OCCUPATION FOR MOST OF WORKING LI		OR INDUSTRY	NESS.
	Frederi	ick	Frederic	k Memoria	1 Hospital	T.	aborer			
13a. S	JAL RESIDENCE STATE	(IF IN MURSING HOME OR	OTHER INSTITUTION, GIV	13c. CITY OR TOWN	SSION) 13d INSIDE	CÎTY LIMITS? 13e.	STREET ADDRESS			
	Marylar		11	Taneytow		A .	3413 Harne	ey Road		
III. F	FATHER'S NAM FIRST	NE .	WIDDLE	LAST	15. MOTH	HER'S MAIDEN NA	AME		LAST	
	William		hias	Martin		Mary	AD	DRESS	Harner	
160.	(YES, NO, OR UNKNO	ED EVER IN U.S. ARM	AR OR DATES)	166. SOCIAL SECUR		RMAINI	AD	DKESS		
	No	OF DEATH (Enter anly		212-24-62	277 Mrs	. Anna K	iser, Keyn	nar, Md	21757 L APPROXIMATE IN	
z	PART 2 OTNER S		(c)	AS A CONSEQUENC	E OF RMINAL DISEASE OR CONDITI	ION GIVEN IN PART 1 (a).			
FICATIO	19a, DATE OF	FOPERATION	196. CONDIT	ION FOR WHICH OP	ERATION WAS PERFO	DRMED?			20. AUTOPSY?	
CERTI	210. EXTERN	IAL CAUSE WAS								NO
3	CONTRIBUT	G OR		MONTH DAY YE	AR 21c HOW INJUR	RY OCCURRED (EN	ITER HATURE OF INJURY IN	ITEM 18 PART 1 OR E		
MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTI 21d. INJURY WHILE AT WORK	ING CAUSE OF D	HOUR A.M. EATH P.M. 21e. PLACE O	MONTH DAY YE	AR 21c HOW INJUR 21f. LOCATION STREET	RY OCCURRED (EN	NTER NATURE OF INJURY IN			STATE

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ony injury, or other troumatic event, the

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR				CERTIF	ICATE OF DEATH	REC	NO.		350	
		CEASED NAME	FIRST		MIDDLE	l	AST	20. DATE OF DEAT		DAY YEAR	26 HOL	JR
	{ITPE	OR PRINT)	Helen	Werther	imer	Maten	<i>-</i>	Aug. 10				M
	3. SE	Femal:	e	Cau.		NOV	of BIRTH 2, DAY 1894 YEAR	6 AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DAYS	# UNDER	MIN
35	C	RTHPLACE (STATE OUNTRY) Maryland	OR FOREIGN	76 CITIZEN OF		RY? 8 MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH		MD
64		Frederic	ck	Freder	cick Me	morial	DROTHER INSTITUTION Hospital	120 USUAL OCCUP (TYPE OF WORK FOR MC Sales Cl	ST OF WORKING		f BUSINI thes	
35	130 S	AL RESIDENCE (# STATE Aryland	13b COU		GIVE RESIDENCE BI 130 CITY OR T Frede	OWN.	13d INSIDE CITY LIMITS? YES NO TO	13e STREET ADDRE Rt. #10	Ball	Rd.		
	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE	E	LAS	T.	100
00		Myer		Werthe			Edith		Hansha			
1		VAS DECEASED E		RMED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT	AD	DRESS			
1		No			214-1	0=5252	Guy Mateny	Fred	erick ,	Md.		
	Z	Conditions, if gove rise to cause (o). s underlying ci	IMMEDIA Ony, which immediate tating the ause last	DUE TO, O DUE TO, O DUE TO, O (c)	R AS A CONSE	QUENCE OF	NOT RELATED TO THE TERM	and Disease or C	ONDITION G	APPROXI BETWEEN	m	ded
1	CERTIFICATION	INE DATE OF	ERATION	196 COND	TION FOR WH	OLL - K	N WAS PERFORMED	200 AUTOPSY? YES TO NO [IN CERT	ES, WERE FINDING CAUSES		TH?
1	MEDICAL CE	21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A 21d. INJURY OCC	CAUSE OF DE	21e PLACE	M. MONTH M.	19	216. HOW INJURY OCCURI 216. LOCATION STREET		INJURY IN ITEM 18	PART 1 OR PART 2)	e	TATE
	Σ	WHILE NO	OT WHILE	(AL FIUME, STA	LEI, FACTORT, OFF	ICE, PARM, ETC.)		CITY OF			,	retts
		sow the dec	eosed alive or	at view the bady	6		nd that in (my) (aur) apinion	-	, -	, 19 80 , our and fram the		
		22b. SIGNATORE	Per 1	ama	rtin	>.	DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR PH	STAFF YSICIAN [224. DATE	SIGNED	
1		22d. PHYSICIAN	PME (TYPE O	OR PRINT)	JART.	N	120 NMAK	eKET F4	ge ben	will w	K	217
	23a. B	BURIAL, CREMATI	ON, REMOVA	23b. DATE	1	36 NAME OF	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	ST	ATE

BP. DHMH - 16 60M 1/75

(VR A 15 (4))

Burial

Frederick

Frederick Md.

8/13/80 Mt. Olivet

201 N. Market St. 250 DATE REC'D.

Frederick, Md. 2170 AUG 18 Dailey Funeral Home BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

80

REG. NO. 2a. DATE OF DEATH MONTH 26 HOUR

REGISTRAR 1 DECEASED NAME MIDDLE (TYPE OR PRINT) McCain Russeal H. 3 SEX 4 RACE 5 DATE OF BIRTH NOV. 18 1899

August 19, & AGE LIN YEARS LAST BIRTHDAY!

MIDDLE

1980 IF UNDER 1 YEAR MONTHS DAYS

IF UNDER 24 HRS **HOURS**

Male White To. BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? Pa.

U.S.A.

13 CITY OF TOWN

rederick

MARRIED NEVER MARRIED WIDOWED DIVORCED T

134 INSIDE CITY LIMITS?

IS MOTHER'S MAIDEN NAME

Grace

BALTIMORE CITY OR COUNTY OF DEATH Frederick County,

317 W. College Terrace

12h. KIND OF BUSINESS OR LITTE OF WORK FOR MOST OF WORKING LIFE INBUSTRY Commissioner

Miller

10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Frederick Homewood Retirement Center JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13a STATE 136 COUNTY Maryland 4 FATHER'S NAME

MIDDLE Clarence Rebert

PART I. DEATH WAS CAUSED BY

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (0)

MeCain 166 SOCIAL SECURITY NO

214-10-3201 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic

above in item #13e

Mrs. Elizabeth H. McCain, same as

7	10	of.	-	
Condi				
gove	rise	to	imm	ediote
couse	101,		toting) the
underl	ying	(ouse	lost

no

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20a AUTOPSY?

NOF

214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [

CERTIFICATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

AT WORK

19a DATE OF OPERATION

NOT WHILE

22a.1 certify that (1) (this-hospital) attended the deceased from

21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

216. TIME OF INJURY

2-3 week ago

HOUR A.M.

MONTH DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

CITY OF TOWN

and that in (my) (over) opinion death occurred an the date and hour and from the causes stated

COUNTY STATE

sow the deceased alive on, abave, (1) (we) (did not) view the body after death 226. SIGNATURE

AT WORK

224 PHYSICIAN'S NAME LTYPE OF PRINT

A. Austin Pearre,

DEGREE

ATTENDING MEDICAL PHYSICIAN 22e ADDRESS

STAFF DIRECTOR PHYSICIAN 22c DATE SIGNED

804 Tell House Ave., Frederick, Md. 230 BURIAL, CREMATION, REMOVA 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION .1980Mt.Olivet Cemetery Buria

DHMH-16 25M (VRA 15, 4) 1/79

Hygie

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FUNERAL Jid be detact the State I

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marked

24 FUNERAL DIRECTOR

Smith Fadeley Bastord Funeral Keeney 106 E. Church St. Frederick Md. 201

Home .

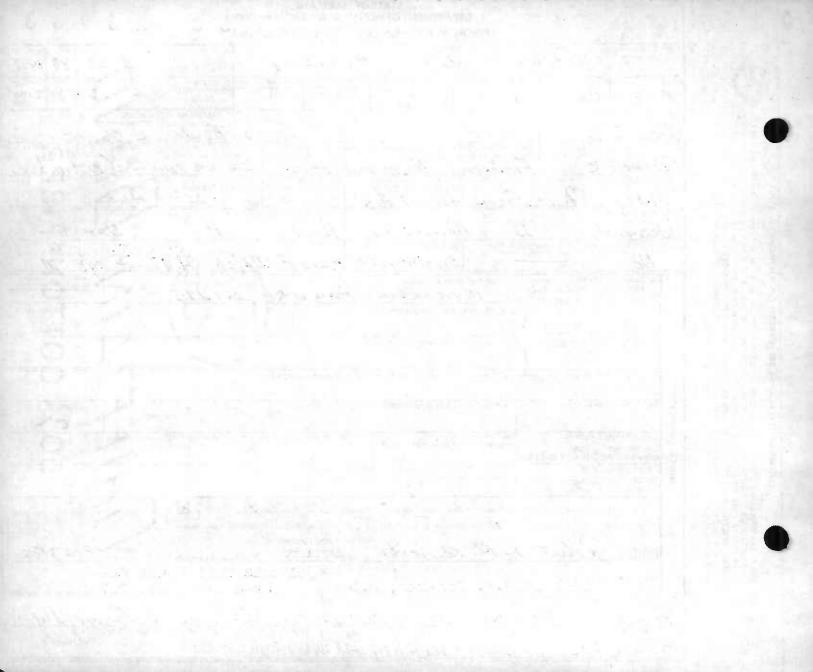
Frederick Frederick Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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		STATE REGISTRAR	ME	DICAL EXAMIN	ER'S CERTIFICATE C	F DEATH	.NO.
		CEASED NAME FIRST		MIDDLE	LAST		
		PE OR PRINT) JOSE	: p 14	2	MCGARVEY	OF ESTI-	8 23 80 1915
1 2 3 3 E F.			. / « /	~		DEATH MATED	Ty .
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o z z o o z s	N	TALE Cau	01 17	28 52 Y	Morning Barry Mooks	MIN PRONOUNCED DEAD	8 23 80 2100
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7000	WI	1511. P.C.	0.3.7		WIDOWED DIVORO		ck Courty M
S m m E	10. C	ITY OR TOWN OF DEATH		SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS)	, OR OTHER INSTITUTION	120. USUAL OCCUPATION MOST OF WORKING LIFE)	(TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
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0 6 Z 0 8	USU	AL RESIDENCE (IF IN NUMBER 1	DROTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISSI	(NC	1	C. , Carporación
RETAND AND SECOND	13a. S	TATE	NTY ,	13c, CITY OR TOWN	13d. INSIDE CITY LIMITS?	3129 JS	100
21201 2, AND 3. RET.D SHOULL RECO		Ma PRIN	xc. George	CHILCREST F	YES NO	2/09 00	400.
O I . NY	14. F/	ATHER'S NAME	MIDDLE	AA JAST	15. MOTHER'S MAID	EN NAME MIDDLE	LAST .
DEAT DEAT	C	lose ph	2	Mc GARVE	4 Fearl	R	DAKIN
Z O NA O O O O O O O O O O O O O O O O O	16a. V	VAS DECEASED EVER IN U.S. AI		166. SOCIAL SECURIT	NO. 17 INFORMANT	ADDR	ESS Cicialia Too
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		BARY 2 OTHER CICHICICALLY COURTED	(c)				
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E: THIS TE, WRI DRWARD SRWARD STATE 21201 F							
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EXAMINEI CERTIFICA JUD BE FO DIRECTOR WITH THE ARYLAND,		deoth resulted fram: Nat	urol couses X,	Accident, Su	icide 🔲 , Hamicide 🔲 /	Undetermined monner	
EXAL CERT ULD DIRE WIT		01	+ 1 1	2	TITLE (SPECIFY)		
AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		SIGNATURE CORE	TRR	- Retto	Deputy	MEDICAL EXAMINER	DATE 8/23/80
SH S		Olomatone			201 4		
MEDICAL E		EXAMINER'S NAME RODE	ert R.R.	Pohonta			
TO ME EXECUTE PAGE TO FULL TO FULL BATTER BATTER				Roberts,			Md. 21701
E & T & E	230.B	URIAL, CREMATION, REMOVAL		234 NAME OF CE	METERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP	1	serial	8/27/80	Mesurra		Clinton	Pr. (reage Mal
D 0 0 DHMH - 17	24. F	UNERAL DIRECTOR	/ /				EGISTRAR'S SIGNATURS
000 (VR A15 ME (5))	16	TENAGO DY I	E Ell Colle	O CHONHILL		lig z 7 1980	geograp / hoursday

STATE OF MAKTLAND



						STAT	E OF MARYLAND					
	1.	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 0								209	1 3	63
	1	REGISTRAR				CERTIFICATE OF DEATH REG. NO.						
		CEASED NAME	FIRST	, N	AIDDLE		LAST	20. DATE OF	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR			R
	(TYPE OR PRINT) GUY			Hen	Henry McKensie				8 16 80 410 PM			
	3. SE	Х	1	4 RACE	1	5. DATE			ARS LAST BIRTHDAY]	IF UNDER I YEA		
	male			Cau	Caucasion 11 5 YEAR 98			81 YRS MONTHS DAYS HOURS MIN.				MIN.
0		BIRTHPLACE (STATE OR FOREIGN		76. CITIZEN OF WHAT COUNTRY? 8.		D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF D		NTY OF DEATH			
1		U. S.			S. A.	WIDOW	ED NORCED		ederick			MD.
	10 CITY OR TOWN OF DEATH			(IF NOT IN SUCI	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			Ret. Carpenter 12b. KIND OF BUSINESS OR INDUSTRY Carpenter			SS OR	
14		Frederick		Frederick Memorial Hospital			ter					
1	13a. S	AL RESIDENCE (IF NURS STATE	136 COUN	OTHER INSTITUTION:	13c. CITY OR TO	ORE ADMISSION)	134 INSIDE CITY LIMITS?	13e. STREET A	ADDRESS			
0		Maryland	Fre	derick	Frede	erick	YES X NO		Elm XStr	eet		-
. ,	14 FA	ATHER'S NAME FIRST	٨	AIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME	MIDDLE		AST	
1		John	H	*	McKenz	zie	Mel inda		Knill		enzie	
,	16a. V	WAS DECEASED EVER		MED FORCES?	16b. SOCIAL SEC		17. INFORMANT		ADDRESS	th		PAR .
1		No			217-10-	-0733	Mrs. Rosie	Bart	111 E.	8 St.	Fred.	Md.
		18 CAUSE OF DEATH	H (Enter onl	y one couse per	line for (0), (b), c	ond (c).)	-10 10	10		APPRO BETWEE	NIMATE INTER	DEATH
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 3 APPROXIMATE INTERVAL BETWEEN ONSE; AND DEATH 3 APPROXIMATE INTERVAL BETWEEN ONSE; AND DEATH										
		5996 DUE TO, OR AS A CONSEQUENCE, OF										
Conditions, if ony, which (16) selette stack									6	day	11	
		gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF									1	
		underlying couse lost. (c) arinan want infellion 2 weeks										
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 1/4 IH BUT NOT RELATED TO 1/1/ TERMINAL DISEASE OR CONDITION GIVEN IN									GIVEN IN PART	101		
	CERTIFICATION											
7	ICA	190. DATE OF OPERATION 196 CON		19b CONDI	TION FOR WHIC	R WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?						
1	l E							YES NO YES NO				
9		21a. ACCIDENT WAS UND		HOUR A.A	FINJURY M. MONTH I	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NAT	URE OF INJURY IN ITEM	18 PART I OR PART 2		
/	MEDICAL	(IF EITHER NOTIFY MEDIC			۸,	19						
	4ED	214 INJURY OCCURR		21e. PLACE C	OF INJURY	FARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	COUNTY	5	TATE
	_	AT WORK AT WOR	RK					100	2 +			
		220.1 certify that (I)		al) ottended the		met 1 m		8 . 10	resent		, that (I) (i	ua) last
		sow the deceased alive on										
		226 SIGNATURE	1	1)	1	nos	DEGREE	MEDICAL	STAFF	27s. DA1	SIGNED	00
		0,	11	Na	ves	114	PHYSICIAN		PHYSICIAN	18/	171	80
		22d. PHYSICIAN'S NA	AME (TYPE OF	PRINT)			22e. ADDRESS			/	/	
		BURIAL, CREMATION,		23b. DATE	and the second second		EMETERY OR CREMATORY	23d LOCA		TO LOUNTY	ole 5	Md.
		Buria	I.L	8-19	~80	Mt.	Olivet Cem.	Fr	edrick	Freder	LCK "	IVICI .

Robert E. Dailey & Son Fun. Home St. Market

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MORGAN

20. DATE OF DEATH

August

Manager

FOR - STATE REGISTRAR

John

CERTIFICATE OF DEATH

REG. NO

26. HOUR

3. SEX

I. DECEASED NAME (TYPE OR PRINT)

4 RACE

White

W.

5 DATE OF BIRTH April 5, 1903

20, & AGE LIN YEARS LAST BIRTHDAY

1980 IF UNDER 1 YEAR MONTHS DAYS

IF UNDER 24 HRS HOURS

Male Maryland

TO BIRTHPLACE (STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

Frederick

Th CITIZEN OF WHAT COUNTRY? U.S.A.

MARRIED NEVER MARRIED WIDOWEDIA DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Homewood Retirement Center

BALTIMORE CITY OR COUNTY OF DEATH Frederick County, 12a USUAL OCCUPATION

12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Electric Company

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

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1	Maryland Fre		Frederick	Frederick	YES NO 1301 N. Market Street				
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			IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) NONC	116.	ichard L. Mor	gan ,	assey Circle		
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	1 - 1	?10 ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH HOUR	EOFINJURY A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRE	YES NO DED (ENTER NATURE OF INJURY	YES NO		
	MEDICAL	21d INJURY OCCURE WHILE NOT WE AT WORK AT WO	ILE (AT HOME	CE OF INJURY , STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
saw the deceased alive on 5 / 6 / 19 6 / 20, and that in (my) (aur) apinian death accyrred on the date and hou above (I) we) (did) (did not) hew the body after death.									
	<	276 SIGNATURE		ugh		MEDICAL STAFI		18	
		224. PHYSICIAN SAV	ME (TYPE OR PRINT)	6	110 ADDRESS	5202	269 56.		
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DHMH-16 20M (VRA 15, 4) 7/78

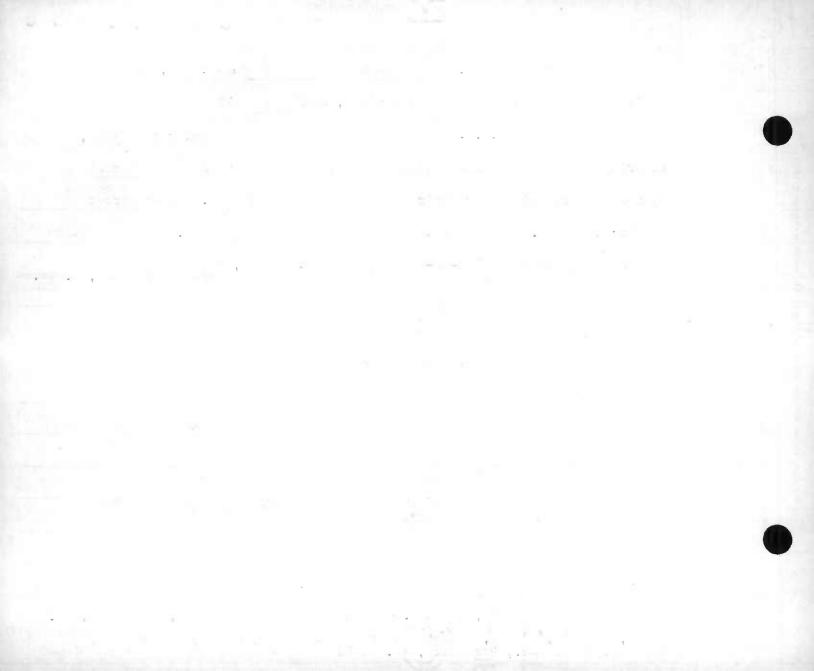
Burial " Shirth, Fadeley, Keeney, Bast and Funeral Home

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Aug 23, 1980 Mt. Olivet Cemetery

106 East Church St., Frederick, Md. 21701

23c NAME OF CEMETERY OR CREMATORY

Frederick, Frederick, Md.



315 oinoneri · FIRST Prederick rederick emojial Hosp. Dater Br. Line Line. d. Frederick terms x 11607 lerore tridge d. arolcon Maugle Emia crace Turner 21 -14-7510 rs. elorse J. aurle, Keylar, M.

. Douglas Stauffer, Bt.10, referick, d.

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A CHILLY TO STEEL AND

1 1	FOR - STATE		DEPAR	STATE OF MARYLAND THENT OF HEALTH AND MENTAL	HYGIENE 8 0	2094
	REGISTRAR			CERTIFICATE OF DEATH	REG. N	OAUG 27 1080
I. DE	ECEASED NAME E OR PRINT)	FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONIH DAY YEAR 126 HOUR
		Charles	Edwin	Oland		06 27 1980 12:
3. SE	X	4 RACE		5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS
	Male		hite	Oct. 5 1896	8	3 YRS
	IRTHPLACE (STATE OR Md.	FOREIGN 76 CITIZEN	OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	The state of	ok county of death
10 C	Frederi	JIF NOT II	SUCH FACILITY GIVE STRE	SING HOME OR OTHER INSTITUTION		ION 126 KIND OF BUSINES
130 3	Md.	RSING HOME OR OTHER INSTITUTION TO THE PROPERTY OF THE PROPERT	13c. CITY OR TO	rsviles NO		
74. FA	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDE	N NAME MIDDLE	LAS1
Ç.	Thoma	s Jacob	Oland	Netti		Burrier
	WAS DECEASED EVE	R IN U.S. ARMED FORCE		CURITY NO. 17. INFORMANT	ADDRI	ESS
	No		220-1	6-3136 Mr. Ed	win Oland,	Baltimore, Md.
	Conditions, if on	y, which	O, OR AS A CONSEC	DUENCE OF		
TION	gove rise to in couse (o), stot underlying cous	y, which mediate fing the lost (c) SNIFICANT CONDITION ALL NU ST	O, OR AS A CONSECTION OF THE SECTION	DUENCE OF DEATH BUT NOT RELATED TO THE		
TIFICATION	gove rise to in couse (0), stat underlying cous	y, which mediate fing the lost (c) SNIFICANT CONDITION ALL NU ST	O, OR AS A CONSECTION OF THE SECTION	DUENCE OF	TERMINAL DISEASE OR CON 200, AUTOPSY? YES NO	DITION GIVEN IN PART 110. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
ICAL CERTIFICATION	PART 2 OTHER SIG	y, which mediate ing the lost Condition GNIFICANT CONDITION ATION Ub. CO	S CONTRIBUTING TO S CONTRIBUTING TO ME OF INJURY A.M. MONTH P.M.	DUENCE OF DEATH BUT NOT RELATED TO THE DEPTH OPERATION WAS PERFORMED DAY YEAR 19	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
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	gove rise to in couse (o), stot underlying couse PART 2 OTHER SIC 19a DATE OF OPER. 21a. ACCIDENT WAS UTOR CONTRIBUTING (IF EITHER, NOTHY MEDI AT WORK AT W. 22a. I certify that (I sow the decease obove. (II (well))	y, which mediate ing the se lost CC GNIFICANT CONDITION ATION DERLYING 121b. TIA HOUR ICAL EXAMINER) RRED 21e PLA (AT HOM YORK 1) (this hospital) attended	AS CONTRIBUTING TO SCONTRIBUTING TO MODITION FOR WHICH AE OF INJURY A.M. MONTH P.M. ACE OF INJURY E, STREET, FACTORY, OFFICE d the deceased from	DUENCE OF O DEATH BUT NOT RELATED TO THE CH OPERATION WAS PERFORMED DAY YEAR 19 21t HOW INJURY OF STREET 19 O DEATH BUT NOT RELATED TO THE THE PERFORMENT OF THE PERF	ZOO, AUTOPSY? YES NOC CURRED (ENTER NATURE OF INJU CITY OR TOX	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO RY INITEM 18, PART 1 OR PART 2) WAY COUNTY STA
	PART 2 OTHER SIG	y, which mediate ing the lost CC SNIFICANT CONDITION AT ION 17.6. CC NIDERLYING 1 216. TIA. HOUR CAUSE OF DEATH ICAL EXAMINER] RRED 216. PLA WHILE 1 216. PLA (AT HOM OORK 1 1 1 1 1 1 1 1.	AS CONTRIBUTING TO SCONTRIBUTING TO MODITION FOR WHICH AE OF INJURY A.M. MONTH P.M. ACE OF INJURY E, STREET, FACTORY, OFFICE d the deceased from	DUENCE OF DEATH BUT NOT RELATED TO THE DAY YEAR 19 21t HOW INJURY OF E. FARM, ETC.) DEGREE ATTENDIT PHYSICIA	ZOO, AUTOPSY? YES NOC CURRED (ENTER NATURE OF INJU CITY OR TOX Inion deoth occurred on the december of the	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO RY IN ITEM 18, PART 1 OR PART 2) WN COUNTY STA 27c. DATE SIGNED PF
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BP DHMH - 16 60M 1/75 (VR A 15 (4))

Coursell C Dailey Funeral Home Frederick, Md. 21701

23b. DATE

230. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

Aug. 18, 1980 Zion Luthern Cemetery Middletown Frederick

23d LOCATION

23c NAME OF CEMETERY OR CREMATORY

Market St.

YEAR

INDUSTRY

Bowlus

COUNTY

22c. DIATE SIGNED

Md.

26. HOUR

HOURS

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

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(VR A 15 (4))

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	oth. P	57 F	o. Bi	RTHPLACE (STATE OR FOREIGN DUNTRY) Maryland	U.S	WHAT COUNTRY	MARRIEI WIDOWE	NEVER MAR	RIED T	BALTIMORE CITY O			
	funder der	pa		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME C	R OTHER INSTITU	TION 12	USUAL OCCUPATI	ON	126 KIND OF	BUSINESS OR
102	rs ofte by the filed w	1 Southed	F	rederick	l'rede		moria	l Hosp:	ital	Labore:	F WORKING LIFE)	Plumb	ing
MARYLAND 2120	24 hour	J Super be	USU/	AL RESIDENCE (IF NURSING HOME OF	rotheriustitution NTY lerick	GIVE RESIDENCE BEFORE 13c CITY OR TO Frede:	ORE ADMISSION)	13d. INSIDE CITY I	LIMITS? 13	STREET ADDRESS	Pourth	Stre	et
ILAN	thin Sely fa	ne .		THER'S NAME	IOI TOK	Tread	IOA	YES NOTHER'S MA			. 001 013		
	omplete	10		Paul	MIDDLE	Simp	son	Chi	arlott	MIDDLE		peon	
BALTIMORE,	e execu	medicol		VAS DECEASED EVER IN U.S. AI	RMED FORCES?	218-31	URITY NO.	17 HEDRMANT	Sherr	le B. Sir rederick,	npaon,	Rt.	#1301
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PRESTON	deoth attend bye co	OWA		Canditions, if any, which	DUE TO,	mane	wence of	multip	le Free	homen &	mboli	4-50	veeln
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× ×	that d by lease iol, cr	or oth		underlying couse lost	(c) Z	Silater	N ps	rebots	hoonel	vii.		4-51	velke
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ITAL	40 - 0	shows	ERT	210. ACCIDENT WAS UNDERLYING	7 216. TIME C	F INJURY		21c HOW INJUR	RY OCCURRED	YES NO [YES [NO 🗌
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	refoir shou	¥	73n F	JURIAL, CREMATION, REM	DATE	1230	NAME OF C	EMETERY OR CREA	MATORY	23d. LOCATION	ve 11	CAEL	14/10
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	DHMH - 16 60M 1/7	5		INIEDAL DIDECTOR	7 Xeena	6 6 1	2000	-	250 DATE RE		25b. REGISTE	R'S SIGNATH	RE
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	1.	FOR - STATE REGISTRAR		DEPART	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		REG. NO.	20) 7	-
		CEASED NAME FIRST	A	IDDLE	LAST	2R. DATE O		NTH DAY	YEAR 2b	HOUR
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	3 SE	x	4 RACE		5 DATE OF BIRTH		EARS LAST BIRTHDA	Y] F UNDI		UNDER 24 H
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d at	7r. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF V	VHAT COUNTRY	MARRIED NEVER MARRIE	BALTIMO	RE CITY OR C	OUNTY OF DE	ATH	
tified	V.	irginia	U.S.	Α,	WIDOWED DIVORCE	D Fre	derick			
0 10	10. C	ITY OR TOWN OF DEATH		OSPITAL, NURSI	NG HOME OR OTHER INSTITUTIO	IZR USUAL	OCCUPATION	12h	KIND OF BI	USINESS
9710		ederick	Md. Odd	Fellows	Home, Frederick,		emaker		7031KI	
E	13R S	AL RESIDENCE (IF NURSING HOME CONTACT 136 COU	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFOR	RE ADMISSION] VN 134 INSIDE CITY LIM	AITS? 138 STREET	ADDRESS			
E S			imore	Baltimo:			Elm Ave	nue		
e x	14. FA	ATHER'S NAME	WIDDIE	LAST	15 MOTHER'S MAID		MIDDLE		LAST	
3370			Allen	Slough	Lucy		WIDDE	Наз	tless	
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2b. HOUR James William TYPE OR PRINT Ames 3. SEX 4 RACE 5. DATE OF BIRTH (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS male white 1.905 BALTIMORE CITY OF COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? Woodsboro MARRIEN NEVER MARRIED WIDOWED DIVORCED [Frederick 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Frederick Memorial Iron&Steel ISUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13L COUNTY 13e. STREET ADDRESS 10104 Liberty Rd Md Frederick Frederick 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST LAST puo Robert Smith Annie Amelia Hottashel 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT medic (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Mrs. Elsie Smith. Rt.1. Frederick. Md 217-10-0417 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line lor (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which CVA gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION Chronic mahucutio prior 20b. IF YES, WERE FINDINGS USED 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 29a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOP YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 ž 71d INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY 5 COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE AT WORK 116 30 220. | certify that (I) (this hospital) attended the deceased from saw the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF * MEDICAL FUNERAL should be deto with the State IMPORTANT: I DIRECTOR | PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 0 Burial CREMATION, REMOVAL 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY MdE. Fred. Frederick 250. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Douglas Stauffer Rt. 10 MotterExt. DHMH-16 30M 2/80 (VRA 15, 4) MD

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Frederick County 12b. KIND OF BUSINESS OR Retired Brakeman Railroad 13e STREET ADDRESS 120 9th Avenue 21716 MIDDLE Corneluis 9th Avenue Elvie B. Strailman Brunswick, Maryland Kt. thuzan tomy oft, Lave CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 20a AUTOPSY 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated 22t. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Charles Town, Edge Hill Cemetery Burial 24 FUNERAL DIRECTOR Petersville Road Williams Funeral Home Brunswick, Mar

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106 East Church Street, Frederick, Maryland

AUG 2 7 1980

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

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		STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N		0 7 -	, 0
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	3 SE	x Male	4 RACE White	S DATE O	OF BIRTH	6. AGE IN YEARS LAST BIR	THDAY] IF	UNDER I YEAR IF UNI	DER 24 HRS
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t, the meg	160 \	WAS DECEASED EVER IN U.S. AF YES, NO ORUNKNOWN] IF YES, GIV YCS W.	RMED FORCES? VE WAR OR DATES) W. I 215-10-		17 INFORMANT Lincoln S. St	401 E.	Stree	t 21701	
r, or other traumatic even		PART I. DEATH WAS CAUSI	nly ane cause per ling (ar (o), (b), ED BY ITE CAUSE (a) DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO	DENCE OF	hemoreh			APPROXIMATE IN BETWEEN ONSE! A ZADA	INTERVAL NO DEATH
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MPORTANT: If Item		309Ma	rd O Humos	J. 7	m /\ ATTENDING	MEDICAL STA	FF CIAN [8/19/8	0
MPOR	22-		O. Thomas, Jr.,		Professional	Building,	Freder	ick, Md.	21701
		BURIAL, CREMATION, REMOVAL	Aug. 21, 1980	Mt. O	livet Cemetery	y Frederick			STATE
	24 F	UNERALDIRECTOR -	Keeney, Basio		25a DAY	E BEC'D. BY REGISTRAR	1756 REGISTRA	D'S CICALATLIDE	A.

STATE OF MARYLAND

Section of Delivery

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6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4. RACE 5. DATE OF BIRTH Female 1918 Stx White 12 May 62 TO BIRTHPLACE (STATE OR FOREIGN XX 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Mary Land USA WIDOWED DIVORCED T 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 14 Fairview Ave. Frederick Frederick Maryland Frederick 13d. INSIDE CITY LIMITS? YES 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE Topper Guv Stella 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** NES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-14-7413 kek Leota G. Topper 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: FAILURE LESCIPATORY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF ADENO CARCI- GMA Conditions, if ony, which of THE LUNG gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse CERTIFICATION MRAIN + SPINE METASTASES prior 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? NOF Hygiei 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME STREET, FACTORY OFFICE FARM ETC 1 NOT WHILE SELTEMBER 70 22a. | certify that (1) (this beautiful) attended the deceased from. AUGUST 19 80 saw the deceased alive on 11 obave, (1) (wer (did) (did not) view the bady after death DEGREE 22b. SIGNATURE STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS should be with the S 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE CITY OR TOWN Burial 8/15/80 The New St. Joseph's 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 GDStauffer, Rt. 10, Box 66, Frederick, MD.2170 UG (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO VELSIV सार्व क्यों स्ट Topper 20. DATE AFREATH MOVE DAY 1980 1. DECEASED NAME (TYPE OR PRINT) TOPPER MARY 11950 AUGUST ADFLE IF UNDER I YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH Frederick County 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Legal secretary LA STREET ADDRESS AVE. Long APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) COUNTY STATE that (1) (we) last _, and that in (my) (per opinion death accurred an the date and haur and from the causes stated 22c DATE SIGNED 2 AVOUT PI COUNTY STATE Emmitsburg Fred Tintry McCrede

Proposition to a proper property of the conwary Miele Topper Apr. 12, 1980 6:1510 THE PARTY IS NOT THE PARTY. torac lead to the arguet Letter The state of the same of the s THE PARTY OF THE P letter , expresse , comb , di .te (1 finalis)

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1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.							SIAI	E OF MARYLAND				
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Ella Solena WACHTER August 16, 1980 Soline White Soline Control Sol				FIRST		MIDDLE	ı	AST	2e. DATE OF DEATH	MONTH	DAY YEAR	2h. 1
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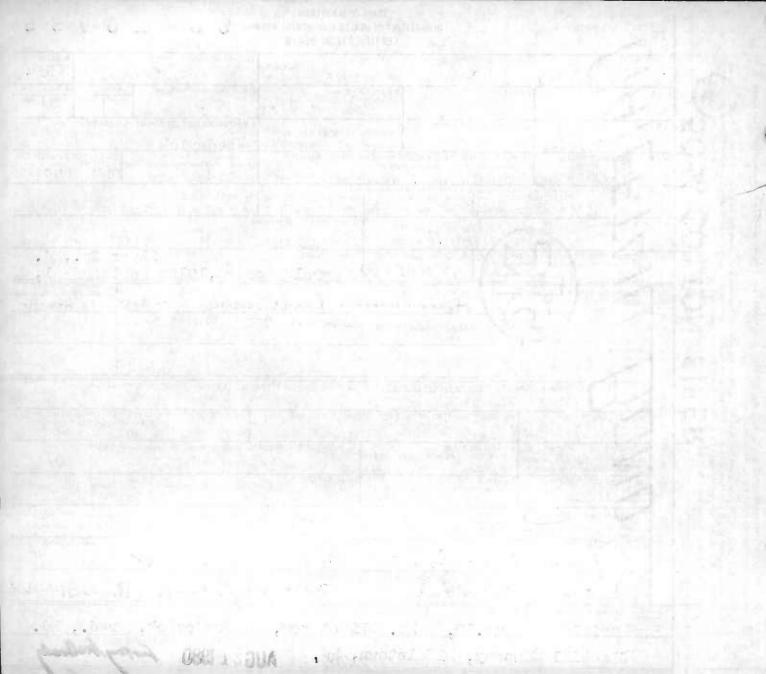
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2.	ma	ale	white	5. DATE OF BIRTH MONTH DAY July 26	VEAR LAST BIRTHD	AY) MONTHS		24 HRS.	2c. DATE PRONOUNCED DEAD	8	30	80	1:1 D
To	FOR	THPLACE (ST		75. CITIZEN OF WH	AT COUNTRY?	La	D NEVER MARR		9. BALTIMORE CIT Frederic	_		EATH	
		ederic	of DEATH	Gas Hous	PITAL, NURSING HOMI ULITY GIVE STREET ADDRESS) PIKE & LI	e, or other	r institution re	FOR	UAL OCCUPATION MOST OF WORKING LIFE) DOPET	TYPE OF WORK	Bld	INDUSTI	ISINESS RY
		Arylar		derick	residence before admissing the City or Town	k	3d. INSIDE CITY LIMITS? YES NOT	13e STR	REET ADDRESS ederick	Co.			
14	Me	HER'S NAME	Lee Wa	chter Sr	EAST		Kathlee	n W	. Hoffma		L/	AST	
16	a W (YES	AS DECEASED S. NO. OR UNKNO NO	D EVER IN U.S. AR (IF YES, GIVE	MED FORCES? WAR OR DATES)	219-08-2		Richard	L.	Hoffman	17.0	oute Free	5 der	Mdick
			ATH WAS CAUSE	lly one couse per line D BY: TE CAUSE (o)	for (o), (b), ond (c).) Multiple in	njurie	.s				BETW	PROXIMATI EEN ONSE	E INTERVAL T AND DEAT
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		220. I certii death results ACTUAL SIGNATURE	A-	ge of the remains described courses ,	Accident S	Autops)	Homicide ,	Unde	Inquiry , termined monner DICAL EXAMINER	ond in my , DAT SIG		-31-	.80
				1 / /									
1		EXAMINER'S (TYPE OR PRI	NAME NT)	Ann M. Dix	on, M.D.		DDRESS		n St.				

STATE OF MARYLAND

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		FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
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2 754		TYPE OR PRINT)	n M Young 8/16/80 5:15/
noy		. SEX	4 RACE S. ØATE OF BIRTH. 6. AGE (IN YEARSLAST BIRTHDAY) IFUNDER 1 YEAR IF UNDER 24 H
1 250		Female	Caucasian Nonth DAY YEAR 96 YRS. MONTHS DAYS HOURS M
Poge	3	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
death.	35	Eredenck	WIDOWED BY DIVORCED Frederick
		O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIND OF BUSINESS
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be in		JSUAL RESIDENCE I IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JUNTY 130. CITY OR TOWN 13d INSIDE CITY LIMITS? 130. STREET ADDRESS
filled fulled fould b	35	Maryland Mo	ntgomen Silver Coring YESVI NO 10104 Portland Place
within d 2 sh		I. FATHER'S NAME	IS. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST
complet		ALLEN R	EID MAGAHA SARAH FI-OOK
dic dic	7	WAS DECEASED EVER IN U.S	GIVE WAR OR DATES)
S. Poo	1	NO	anly one cause per line for (a), (b), and (c).
death certificate attending physici ave carban paper ution, or removal: aumatic event, the		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF COVONARY Artery 15 (Secre
ss that the death ce led by the attending please remove carb urial, cremation, or r , or ather traumatic		Conditions, if ony, which gave rise to immediate couse [a], stating the underlying cause last. PART 2. OTHER SIGNIFICAN	IATE CAUSE (6) AT KEY DISCUE
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